



VEHICLE INSPECTION STATION APPLICATION

0029-_____
0030-_____
7130-_____

FOR DPS USE ONLY

STATION INFORMATION (Completed by Inspection Station)					
Station Name (DBA):			County:		Federal / Tax ID # or Social Security Number:
Corporation or Business Name:					
Station Website:			Station Email Address:		
Phone Number: () -			Fax Number: () -		
Station Physical Address	Address:				
	City:	State:	ZIP + 4:	-	County:
Station Mailing Address	Address:				
	City:	State:	ZIP + 4:	-	County:
Business Hours	Monday through Friday ____ a.m. to ____ p.m.		Saturday ____ a.m. to ____ p.m.		Sunday ____ a.m. to ____ p.m.
Business Type	<input type="radio"/> Corporation <input type="radio"/> Partnership <input type="radio"/> Sole Proprietor <input type="radio"/> Government <input type="radio"/> Other				
Type of Application	<input type="radio"/> New <input type="radio"/> Reinstatement <input type="radio"/> Modify / Change				
Change	<input type="radio"/> Name <input type="radio"/> Endorsement <input type="radio"/> Location <input type="radio"/> Ownership				
For Corporations, I certify that:					
<input type="radio"/> My corporate franchise taxes owed to the State of Texas under Tax Code Chapter 171, are current.					
<input type="radio"/> The corporation is exempt from, or not subject to, the Texas Franchise Tax.					
Name of Business Representative (if applicable)			Email Address		() - Phone Number

OWNER # 1 (Completed by owner or authorized representative)					
Last Name:		First Name:		Middle Name:	Suffix:
Date of Birth:		Driver License #		DL State:	DL Expiration:
Residence /Physical Address	Address:				
	City:	State:	ZIP + 4:	-	County:
Mailing Address	Address:				
	City:	State:	ZIP + 4:	-	County:
Primary Phone Number <input type="radio"/> Cell <input type="radio"/> Home <input type="radio"/> Work		() -		Alternate Phone Number <input type="radio"/> Cell <input type="radio"/> Home <input type="radio"/> Work () -	
Email:					
If you have been previously licensed as an official vehicle inspection station, provide the following:					
Station Name		City, State		Date	

I verify the information provided below is true and correct, and I understand any required fee is **non-refundable**. I also understand this is an official government record and any missing information and/or false statement made on this document or any other supplement provided to DPS may result in criminal prosecution.

Signature of Applicant (No Stamped Signatures) _____ Date: _____, _____ Printed Name and Title _____

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Check # or Money Order #

Amount Paid

Deposit / Payment Date

Privacy Policy

Sec. 559.003. RIGHT TO NOTICE ABOUT CERTAIN INFORMATION LAWS AND PRACTICES

(a) Each state governmental body that collects information about an individual by means of a form that the individual completes and files with the governmental body in a paper format or in an electronic format on an Internet site shall prominently state, on the paper form and prominently post on the Internet site in connection with the electronic form, that:

(1) with few exceptions, the individual is entitled on request to be informed about the information that the state governmental body collects about the individual;

(2) under Sections 552.021 and 552.023 of the Government Code, the individual is entitled to receive and review the information; and

(3) under Section 559.004 of the Government Code, the individual is entitled to have the state governmental body correct information about the individual that is incorrect.

(b) Each state governmental body that collects information about an individual by means of an Internet site or that collects information about the computer network location or identity of a user of the Internet site shall prominently post on the Internet site what information is being collected through the site about the individual or about the computer network location or identity of a user of the site, including what information is being collected by means that are not obvious.

Please visit: <http://www.statutes.legis.state.tx.us/docs/GV/htm/GV.559.htm>